## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Primary Registration District No. 3049 Registrar's No. Registration District No. 267 DO NOT WRITE AMENDED FILED MAY 15 ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: 1. PLACE OF DEATH Pemiscot a. COUNTY \* STATE Missouri COUNTY VS 300 admission) Pemiscot AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR OR TOWN 16 Hayti Days Hayti Yes 🕱 No 🗌 10781 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits (If cutside, give location) d. STREET Reside on Farm DATE 303 E. Lee. institution Memorial Hospital Yes 1 No [ Yes 🗀 No 🔀 81 3. NAME OF DECEASED First Middle Last 4. DATE Day Year 3 (Type or print) OF Eli Rolston Vancil 7, 1962 DEATH May 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 7. Married X Never Married 5. \$EX 6. COLOR OR RACE DATE OF BIRTH Months Days Hours Divorced [ Male White 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Laborer Cape Girardeau, Mo. Carpenter FOLLOW 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Eli Vancil, Sr. Caroline Yarbrough Katie Vancil 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes, give war or dates of service) Katie Vancil Hayti. Mo. 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: RECORD IMMEDIATE CAUSE (a) ö ិ៍ 1 INSTEAD DUE TO (b) Conditions, if any, 12 / -0 which gave rise to above cause (a), stating the underlying cause last. NO O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was female was disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS ☐ Yes □ No ☐ Unknown 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES | NO | 20c. TIME OF Month, Day, Year Hour RIBBON INJURY USE BLACK INK 20d. INJURY OCCURRED WHILE AT WORK □ NOT WHILE AT WORK □ 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bldg., etc.) OR TYPEWRITER READ 67 21. I attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at 22b. ADDRESS 22c. DATE SIGNED Ь (Degree or title) 22a. SIGNATURE 5-8-62 M.D. Hayti, Mo. IDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE NO. Hayti. Mo. Woodlawn Cemeterv Burial ITEM ADDRESS 24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
vorking under my personal supervision.	1 2 1
tudent	Signed James G. Pobur
Signature of Student Embalmer	Licensed Embalmer No. 14385
	P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

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